\pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

10/049650

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                  |                              |                              |                   |         | SMALL ENTITY TYPE O |                        |         | OTHER THAN R SMALL ENTITY |                        |
|--|--|---|------------------|------------------------------|------------------------------|-------------------|---------|---------------------|------------------------|---------|---------------------------|------------------------|
| TOTAL CLAIMS ~~  |  |   |                  |                              |                              |                   | Γ       | RATE                | FEE                    |         | RATE                      | FEE                    |
| FOR  |  |   | NUMBER FILED     |                              | NUMBE                        | R EXTRA           | В       | ASIC FEE            | 445                    | –<br>OR | BASIC FEE                 | :                      |
| то   | TAL CHARGEA                                    | BLE CLAIMS                                | // minus 20= * - |                              |                              |                   |         | X\$ 9=              |                        | OR      | X\$18=                    |                        |
| IND  | EPENDENT CL                                    | AIMS                                      | / minus 3 = * _  |                              |                              |                   |         | X42=                |                        | OR      | X84=                      |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                  |                              |                              |                   | Ī       | +140=               |                        | OR      | +280=                     |                        |
| * If   | the difference                                 | in column 1 is                            | less than ze     | L                            | TOTAL                        | 445               | OR      | TOTAL               |                        |         |                           |                        |
| CLAIMS AS AMENDED - PART II  |  |   |                  |                              |                              |                   |         |                     |                        |         | OTHER                     | 1                      |
|  |  | (Column 1)                                |                  | (Colur                       |                              | (Column 3)        |         | SMALL               | NTITY                  | OR<br>L | SMALL                     |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVK<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA  |         | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                      | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus            | **                           |                              | =                 | -       | X\$ 9=              |                        | OR      | X\$18=                    |                        |
| ME   | Independent                                    | *   | Minus            | ***                          |                              | -                 |         | X42=                |                        | OR      | X84=                      | ,                      |
| F  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                              |                              |                   |         | +140=               |                        | OR      | +280=                     |                        |
|  |  |   |                  | L                            | TOTAL<br>DOIT, FEE           |                   | OR      | TOTAL<br>ADDIT. FEE |                        |         |                           |                        |
|  |  | (Column 1)                                | :                | (Colu                        | mn 2)                        | (Column 3)        |         | ,                   |                        | -       |                           |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREVI                 | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  |         | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE-                     | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus            | **                           |                              | = .               | П       | X\$ 9=              | c                      | OR      | X\$18=                    | 77                     |
| ME   | Independent                                    | *   | Minus            | ***                          | T 01 4144                    | =                 | 11      | X42=                |                        | OR      | X84=                      |                        |
| 1  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                              |                              |                   |         | +140=               |                        | OR      | +280=                     |                        |
| -  | •  |   | ·                |                              |                              |                   | L       | TOTAL<br>ODIT. FEE  |                        | OR      | TOTAL<br>ADDIT. FEE       |                        |
|  |  | (Column 1)                                |                  | (Colu                        | ımn 2)_                      | (Column 3)        |         |                     |                        |         |                           |                        |
| AMENDMENT  |  | CLAIMS<br>REMAINING<br>AFTER<br>NOME      | Y                | HIGI<br>NUA<br>PREVI         | HEST<br>MBER<br>IOUSLY       | PRESENT<br>EXTFA  |         | RATE                | ADDI-<br>T'ONAL        |         | 100                       | ADDI-<br>TIONAL        |
| O ME   | Total  |   | ivinus           | strk                         |                              | =                 |         | <b>X\$</b> 9=       |                        | OR      | X\$18=                    |                        |
| MEN  | Independent                                    | *   | Minus            | ***                          |                              | <u></u>           | ]       | X42=                |                        | OR      | X84=                      |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                              |                              |                   |         | +140=               |                        | OR      | +280=                     | ·                      |
|  | If the entry in col                            | umn 1 is less thar                        | the entry in co  | lumn 2, wri                  | ite "0" in co                | olumn 3.          | , L     | TOTAL               |                        | OR      | TOTAL                     |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate it |  |   |                  |                              |                              |                   |         |                     |                        |         | ADDIT. FEE                | ·                      |
|  | The "Highest Nu                                | mber Previously I                         | Paid For" (Total | or indepen                   | neių sin                     | e liftiger trauge | 701 IUL |                     | - SPIRED D             |         |                           |                        |